

APPENDIX III

WEIGHT CHART FOR PEDIATRIC AUTOPSIES

AUTOPSY NO.: _____

BODY LENGTH: _____

GESTATIONAL AGE: _____

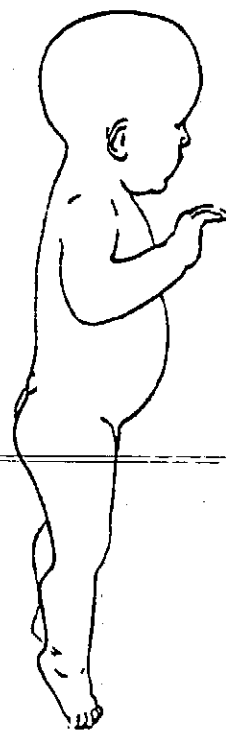
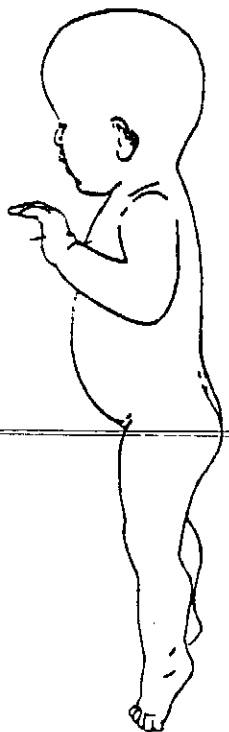
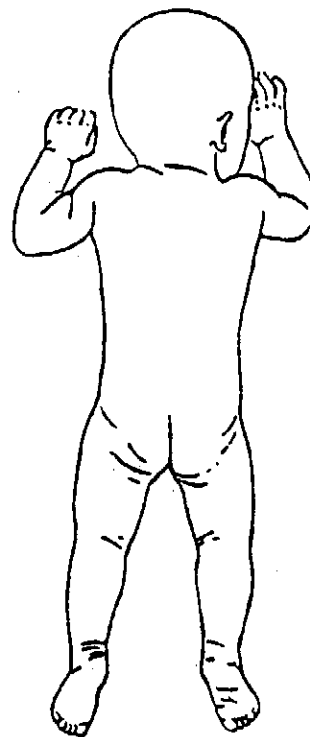
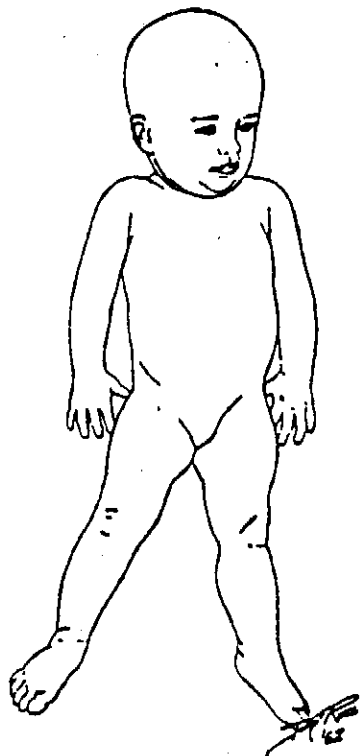
BODY WEIGHT AT AUTOPSY: _____

BIRTH WEIGHT: _____

NORMAL BIRTH WEIGHT FOR
GESTATIONAL AGE: _____

MEASUREMENT	THIS CASE	NORMAL WEIGHT FOR BIRTH WEIGHT (MEAN $\pm$ S.D.)
BODY LENGTH:	_____cm.	
BIRTH WEIGHT:	_____gm.	_____gm.
HEART:	_____gm.	_____gm.
LUNGS:	_____gm.	_____gm.
SPLEEN:	_____gm.	_____gm.
LIVER:	_____gm.	_____gm.
ADRENALS:	_____gm.	_____gm.
KIDNEYS:	_____gm.	_____gm.
THYMUS:	_____gm.	_____gm.
BRAIN:	_____gm.	_____gm.

BODY DIAGRAM



Decedent's
Height _____ inches

Name _____

Examined By _____ Date _____

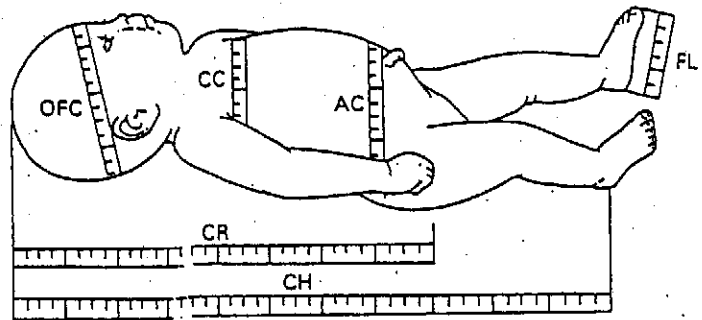
Department of Pathology and Laboratory Medicine
ECU School of Medicine/PCMH
Perinatal External Exam

Case #: _____
Date: _____
Time: _____

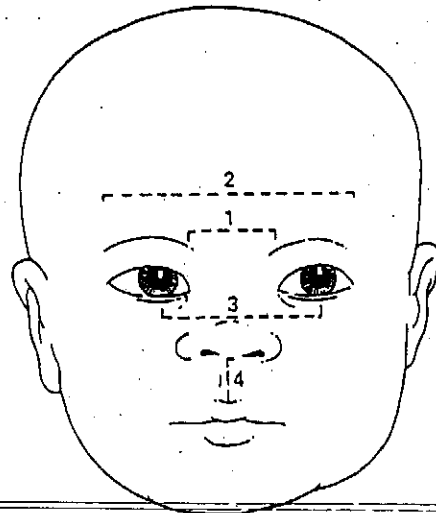
Name: _____
Gestational age: _____
DOB: _____ Age: _____
Date of Death: _____
Sex: _____ Race: _____
Rigor: _____ Livor: _____

Mothers Name: _____
ID band located: _____
Attending physician: _____
Pathologist: _____
WT _____

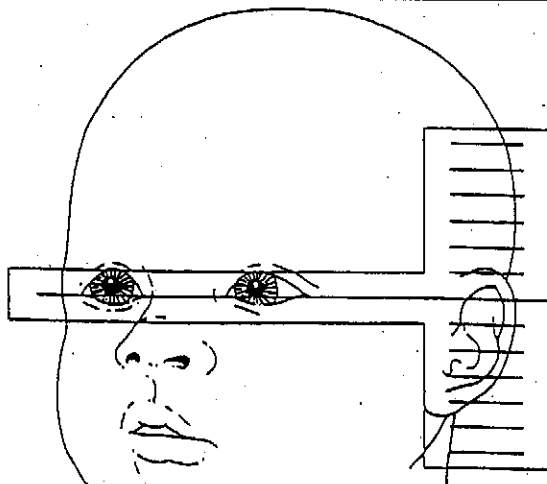
Crown/Heel: _____
Crown/Rump: _____
Head Cir.: _____
Chest Cir.: _____
Abdominal Cir.: _____
Foot Length: _____



1. Inner canthus: _____
2. Outer canthus: _____
3. Interpupillary: _____
4. Philtrum: _____



Evaluation low set years:
ear above eyeline _____
% of ear above eyeline= $\frac{\text{ear above eyeline}}{\text{total ear length}} \times 100$



total ear length: _____
ear above eye: _____

Department of Pathology and Laboratory Medicine
ECU School of Medicine/PCMH
Perinatal External Exam

Case #: _____
Date: _____
Time: _____

Condition: Intact

Skin: _____ (ie. Edema, wrinkled, lanugo, intact, macerated, smooth, meconium)

Nuchal thickening: Y N Neck webbing: Y N Neural defects: Y N
Sternum ends between internipple line and umbilicus: Y N

Cleft/Arched Palate: Y N Orifices patent: Y N Nipple buds: Y N

Eyes: closed fused Irides: _____ Pupils: _____ mm

Ears: _____ (ie. pits, tags, helix overfolded)

Umbilical cord: _____ length _____ dia. _____ vessels

Fontalles are soft, supple and not bulging

Anterior Font. _____ a/p x _____ r/l Posterior Font. _____ a/p x _____ r/l

Scalp: Fine _____ hair of Normal/ abnormal distribution

Extremities symmetrical, proportional: Y N Malformations: Y N (clubbing)

Lengths

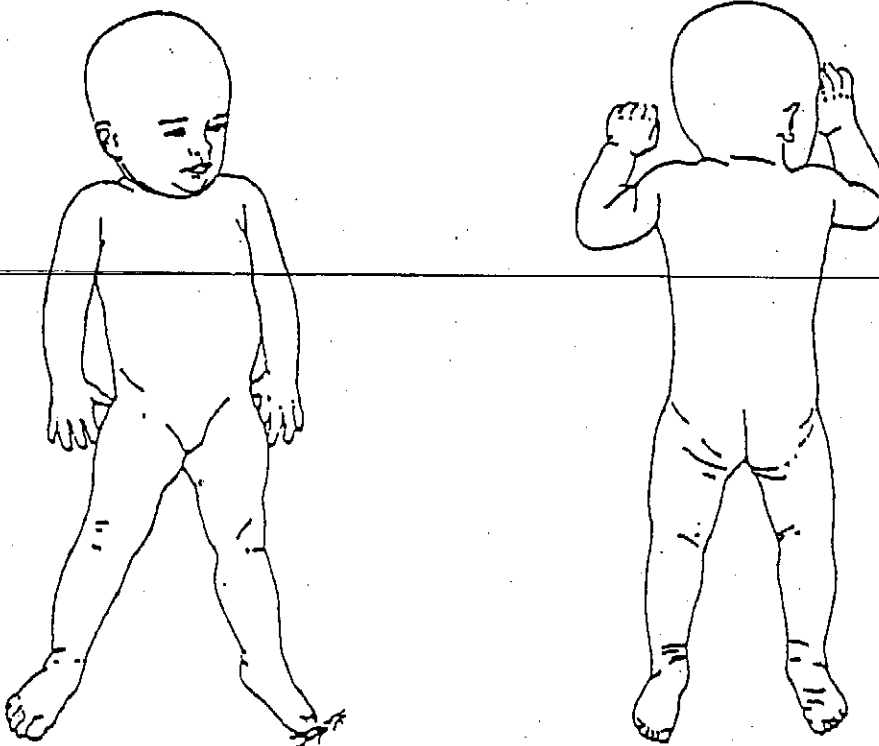
Shoulder to elbow: _____ Elbow to wrist: _____

Hip to knee: _____ Knee to ankle: _____

Digits present: hands _____ feet _____ normal/abnormal: Y N

(ie. Short great toe, overfolded digits, webbing, abnormal palmer creases)

Genitalia: M F normal/abnormal



Summary of Sections

AUTOPSY # _____

Patient Name _____

Pathologist _____

SS

A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

I _____

J _____

K _____

L _____

M _____

N _____

O _____

P _____

Q _____

R _____

S _____

T _____

U _____

V _____

W _____

X _____

Y _____

Z _____

AA _____

AB _____

AC _____

AD _____

AE _____

AF _____

AG _____

AH _____

AI _____

AJ _____

AK _____

AL _____

AM _____

AN _____

OCME-Style INTERNAL EXAMINATION

BODY CAVITIES: *[organ placement, effusions]* R Pleural _____ Pericardial _____ ml
L Pleural _____ Peritoneal _____ ml

CARDIOVASCULAR SYSTEM: *[heart, aorta, and other blood vessels except cerebral]*

Heart: L main _____ LAD _____ CX _____ RCA _____
Fossa Ovalis: _____ cm ☐ Closed ☐ Open
Myocardium:
Ventricle thickness: Right: _____ cm Inter: _____ cm Left: _____ cm
Valves: Tricuspid _____ Pulmonic _____ Mitral _____ Aortic _____ cm
Aorta: _____

RESPIRATORY SYSTEM: *[larynx, trachea, and lungs]*

	<u>Pleura</u>	<u>Palpation</u>	<u>Section</u>	<u>Surface</u>	<u>Airways</u>	<u>Vessels</u>
Larynx:						
Trachea:						
Right lung: _____ gm						
Left lung: _____ gm						

GASTROINTESTINAL SYSTEM: *[esophagus, stomach, duodenum, bowel, appendix, and rectum]*

Esophagus:
Stomach: _____ ml (contents)
Remaining bowel:
Appendix: ☐ present ☐ absent

LIVER: *[liver and gallbladder]*

Weight: _____ Liver Color: _____ Bile: _____ ml Bile Color: _____

SPLEEN: Weight: _____ Capsule _____ Cut surface _____

PANCREAS:

URINARY: *[ureters, kidneys, bladder]*

	Capsule strips with _____	Color	Surface	Consistency	Cortex
Right kidney: _____ gm					
Left kidney: _____ gm					
Bladder: _____ ml					

REPRODUCTIVE: *[uterus, ovaries, prostate]*

☐ Male ☐ Female internal organs are unremarkable.

ENDOCRINE: Thyroid: _____ Adrenals: _____ Pituitary: _____

NEUROLOGIC:

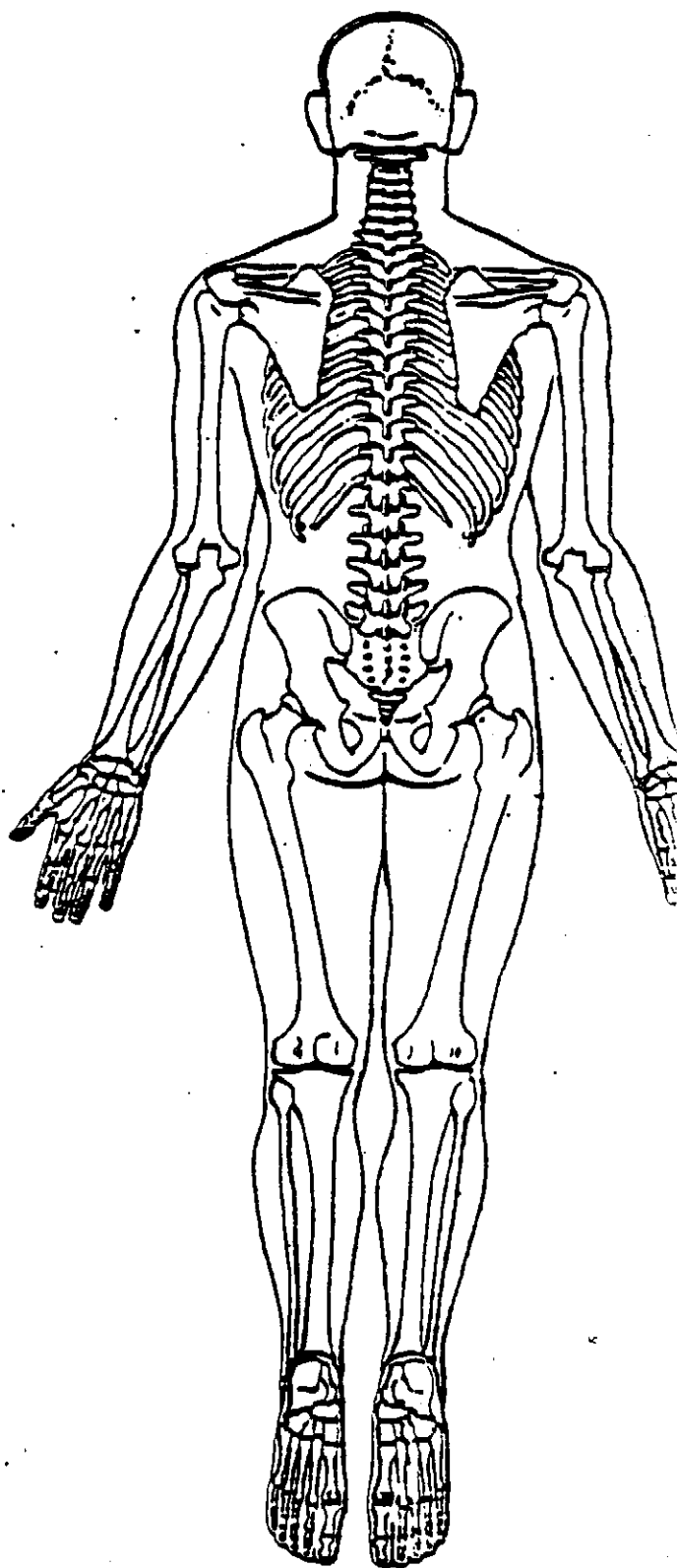
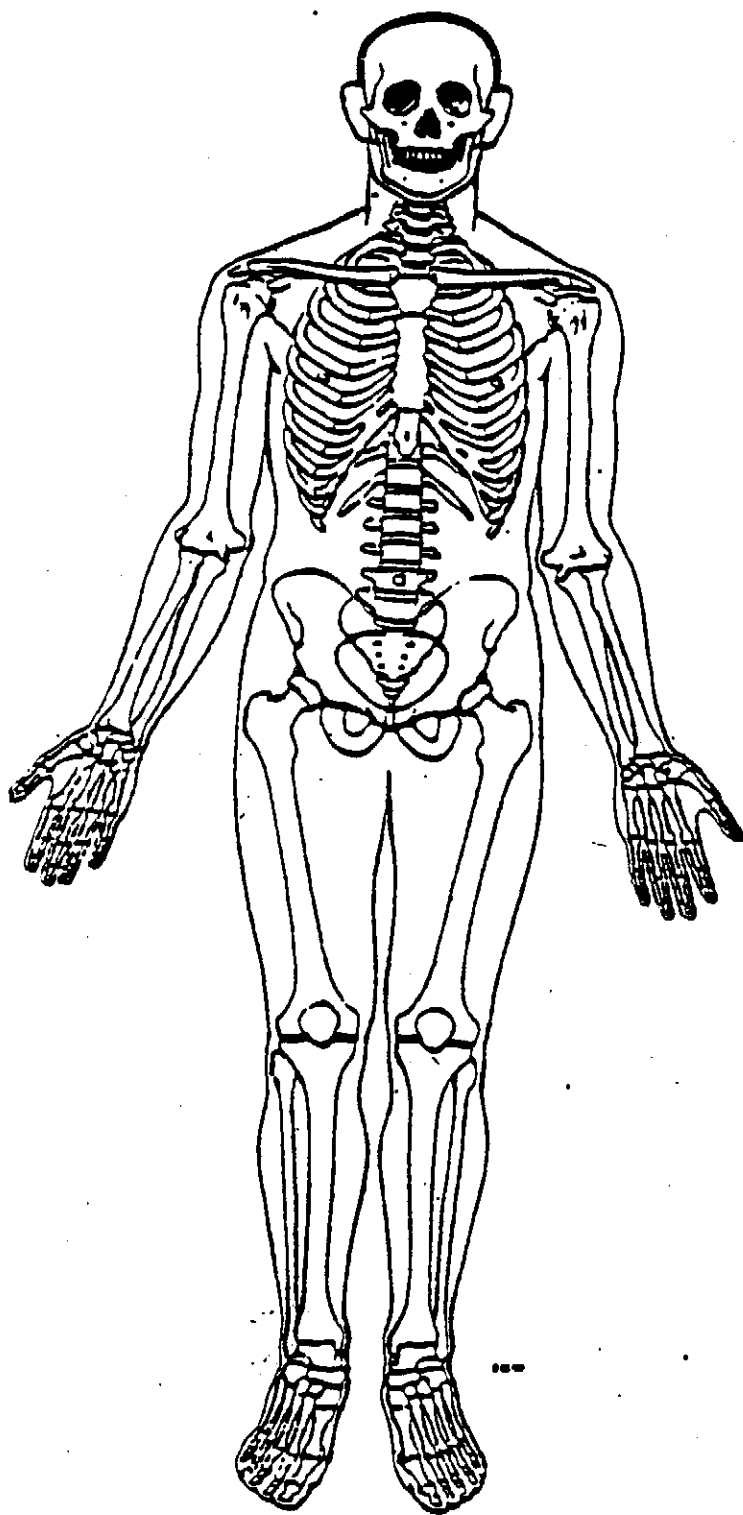
Brain: _____ gm

IMMUNOLOGIC SYSTEM:

Thymus:
Lymph nodes:

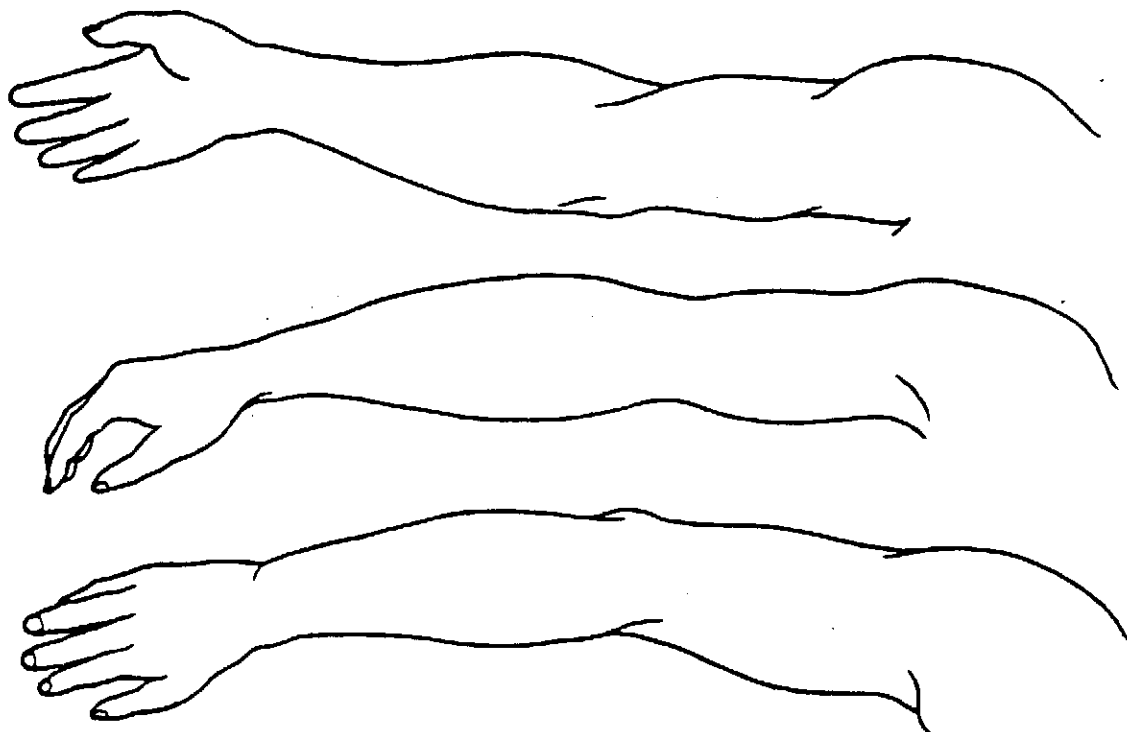
MUSCULOSKELETAL SYSTEM: *[musculoskeletal system including skull, except injuries]*

CASE NO. _____ NAME _____

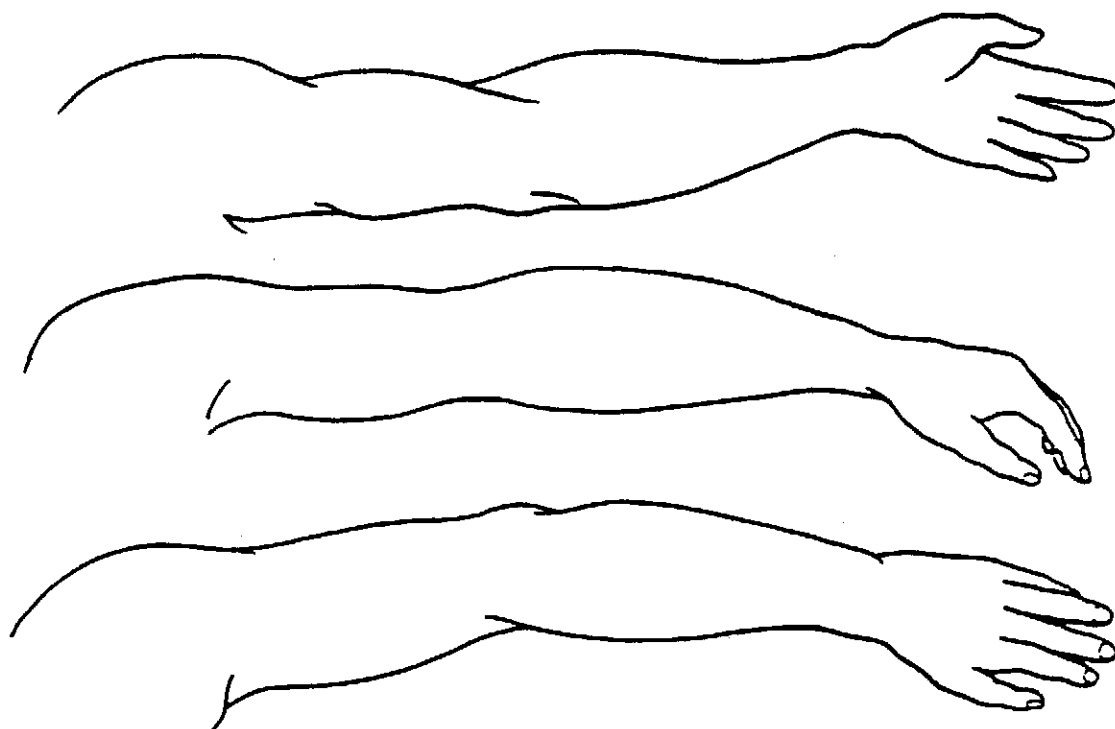


BODY DIAGRAM— ARM

RIGHT



LEFT



Decedent's Name _____

Examined

By _____ Date _____

RECORD OF DENTAL EXAMINATION AT AUTOPSY

Case No. _____ Date _____

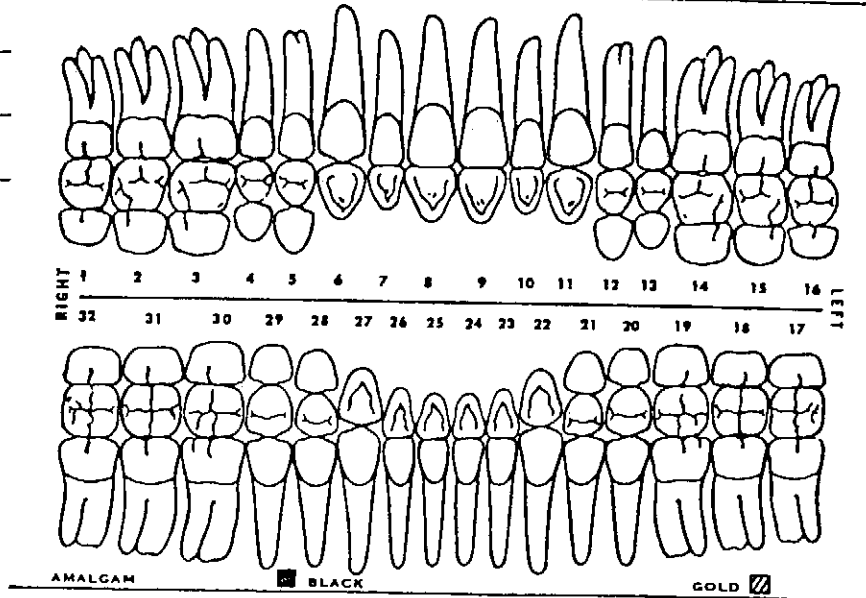
MISSING TEETH AND EXISTING RESTORATIONS

Examined by: _____

Age _____ Race _____ Sex _____

Dental Record of: _____

General Comments

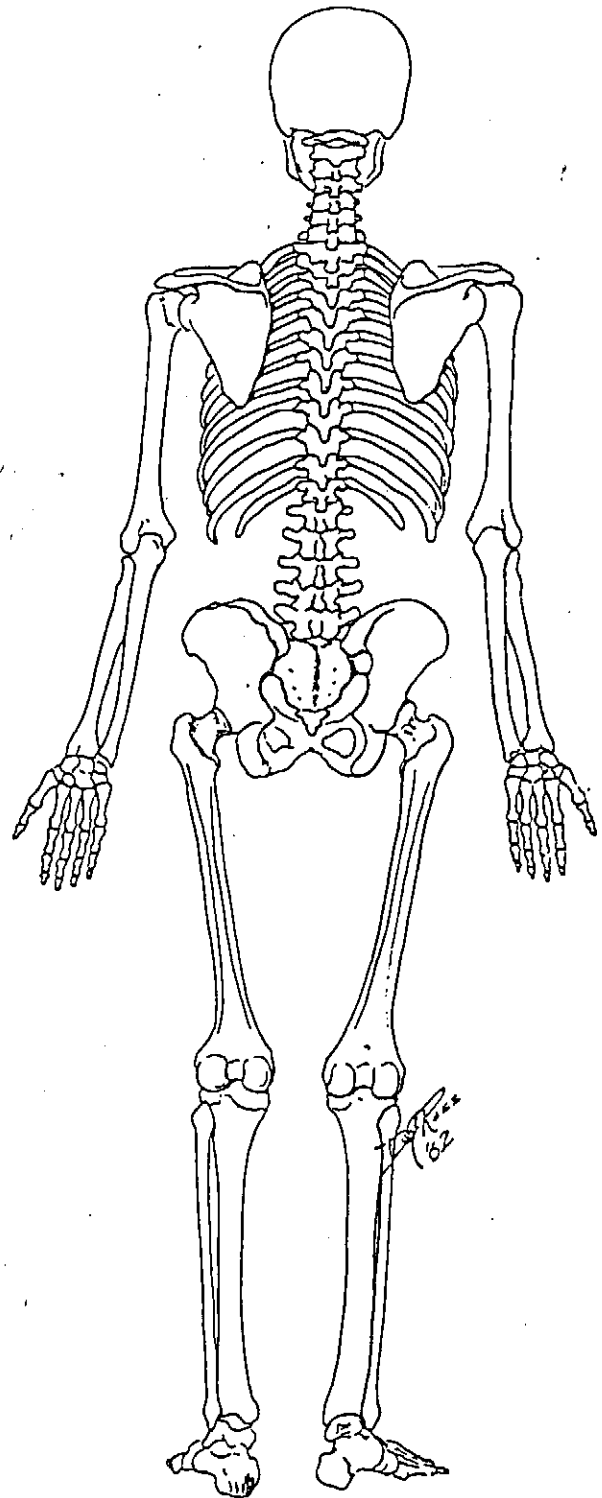
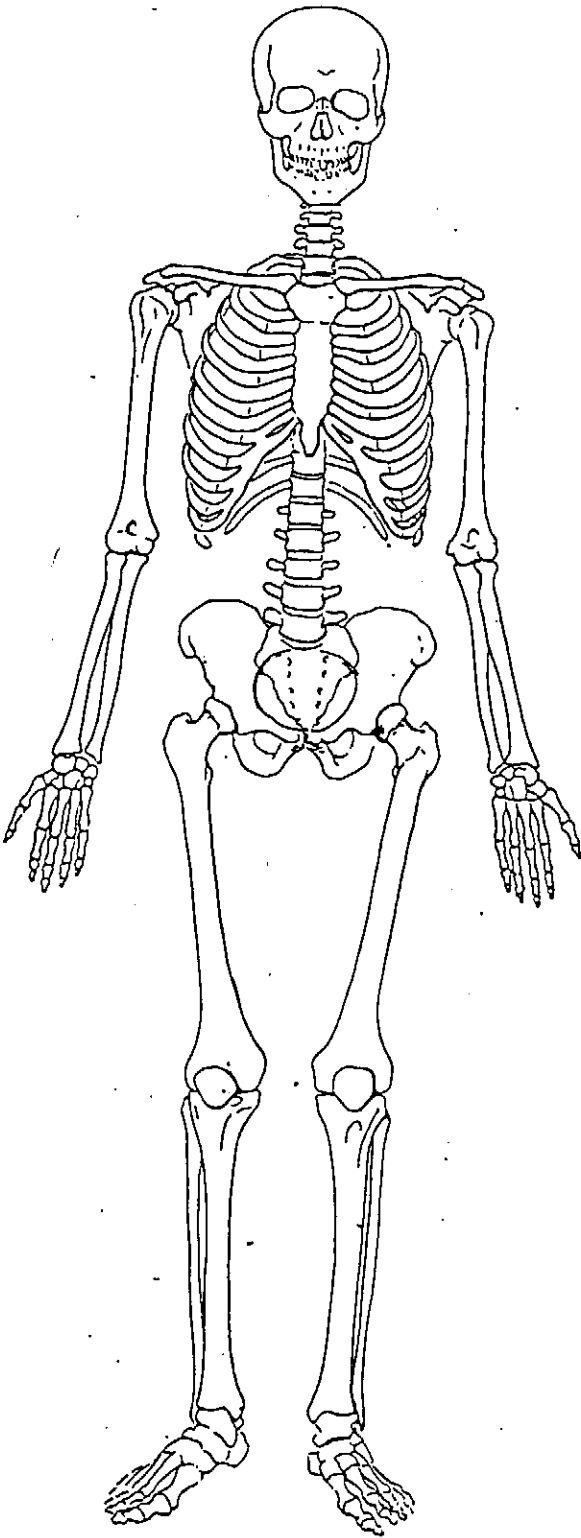


- | | |
|-----|-----|
| 1. | 17. |
| 2. | 18. |
| 3. | 19. |
| 4. | 20. |
| 5. | 21. |
| 6. | 22. |
| 7. | 23. |
| 8. | 24. |
| 9. | 25. |
| 10. | 26. |
| 11. | 27. |
| 12. | 28. |
| 13. | 29. |
| 14. | 30. |
| 15. | 31. |
| 16. | 32. |

SIGNATURE _____

Name _____ Autopsy No. _____

Color _____ Age _____ Sex _____ Date _____



For protocol only:



Brody School of Medicine
Department of Pathology and Laboratory Medicine
East Carolina University
Brody Medical Sciences Building • Greenville, NC 27858-4354
252-744-2803 office • 252-744-3650 fax

Division of Forensic Pathology
252-744-4655
800-682-8188

DISPOSITION OF VALUABLES AND BELONGINGS

NAME: _____ DATE: _____

JEWELRY [] None [] As Listed

Watch _____

Ring(s) _____

Earring(s) _____

Bracelet(s) _____

Necklace(s) _____

Other _____

MONEY – Total Collected \$ _____

Location

\$1 _____

\$5 _____

\$10 _____

\$20 _____

\$50 _____

\$100 _____

\$.01 _____

\$.05 _____

\$.10 _____

\$.25 _____

\$.50 _____

CLOTHING AND ACCESSORIES

The above marked valuable(s) and/or belonging(s) accompanied or were removed from the body by

_____ at _____ hours on _____ / _____ / _____

Employee's Name

Time

Date

These items were released to _____ a representative of

_____ at _____ hours on _____ / _____ / _____

Time

Date

by _____

Employee's Name

M:forms/valuablesbelongings



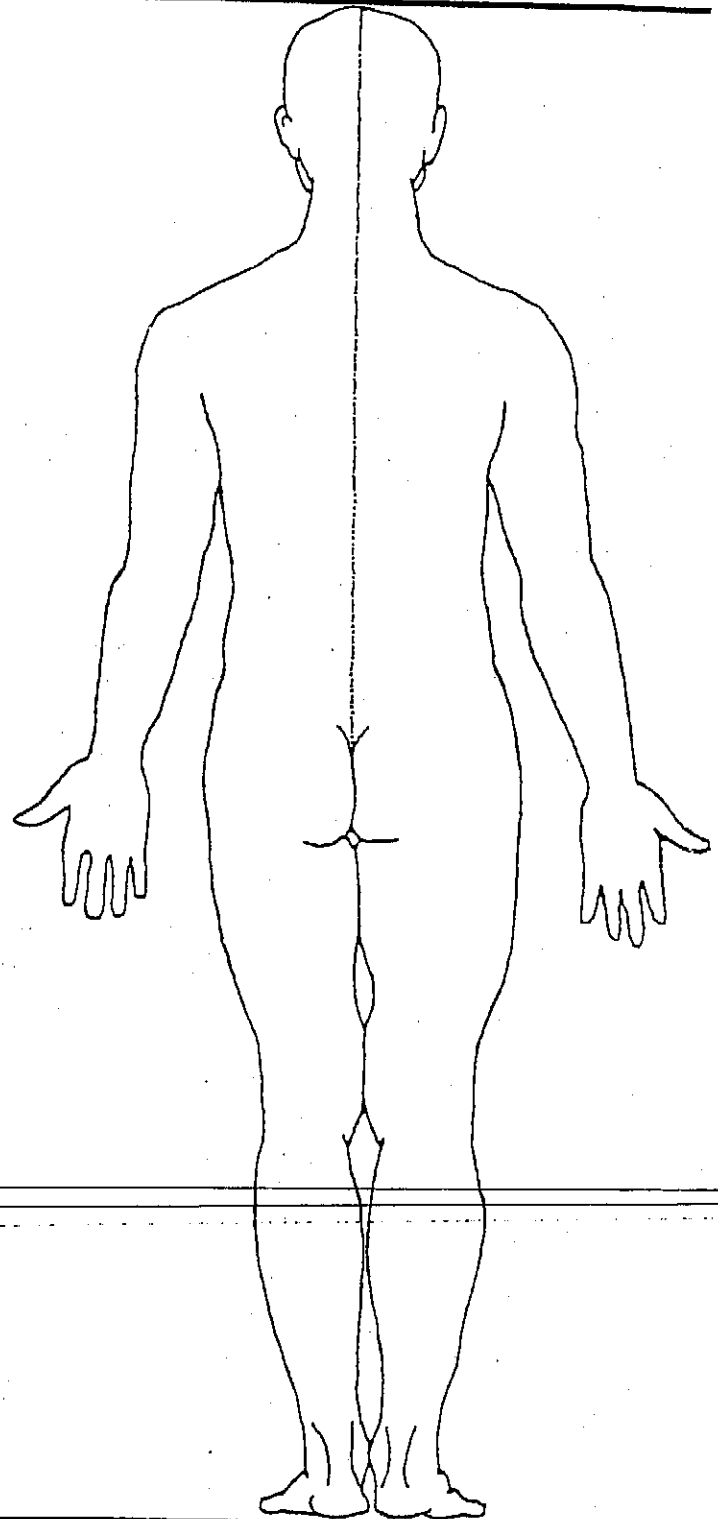
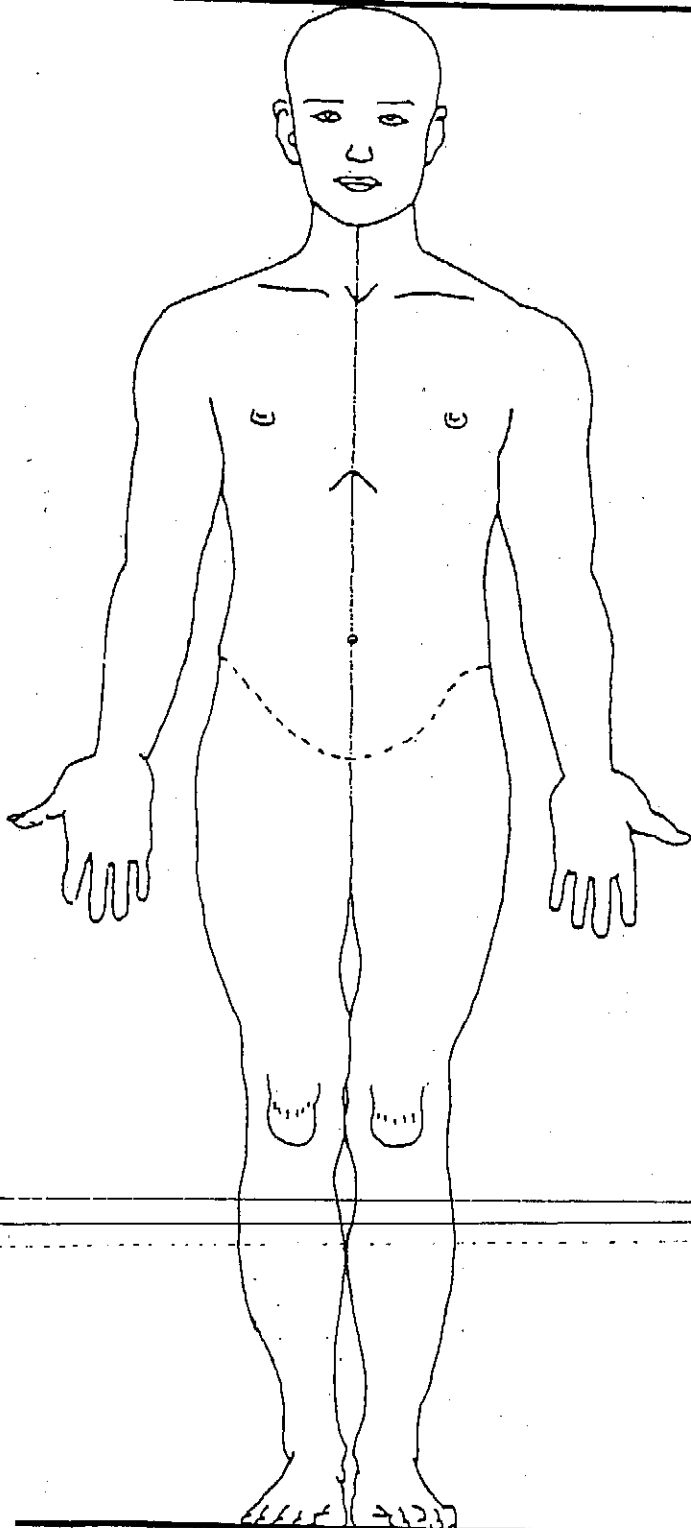
The Brody School of Medicine
Division of Forensic Pathology
Department of Pathology and Laboratory Medicine
East Carolina University
Greenville, NC 27858-4354

AUTOPSY EC- _____
Page _____

BODY DIAGRAM

Front

Back



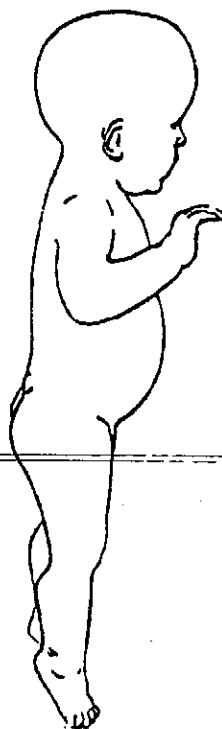
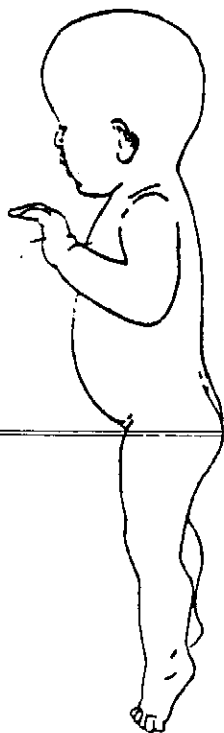
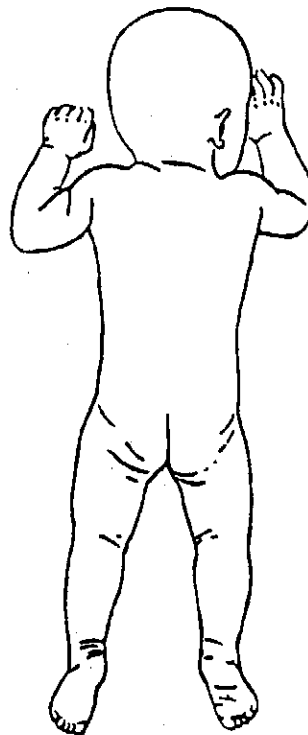
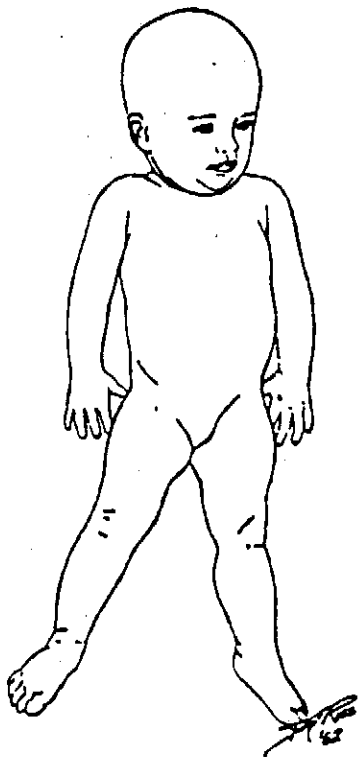
Decedent's Height _____ inches

Name _____

Approx. Weight _____ lbs

Examined by _____

BODY DIAGRAM



Decedent's
Height _____ inches

Name _____

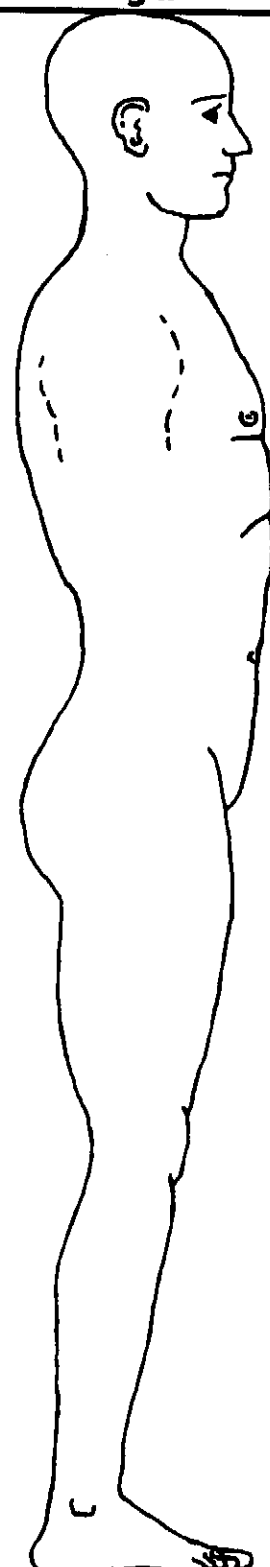
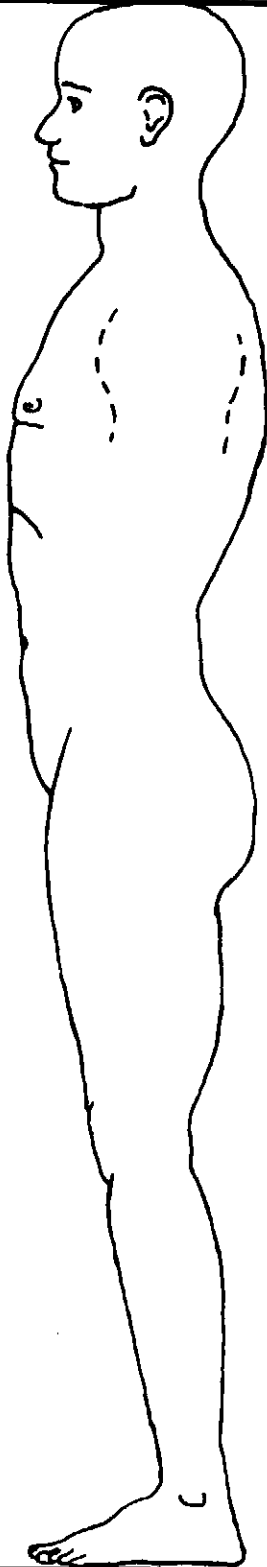
Examined By _____ Date _____



BODY DIAGRAM

Left

Right



Decedent's Height _____ inches

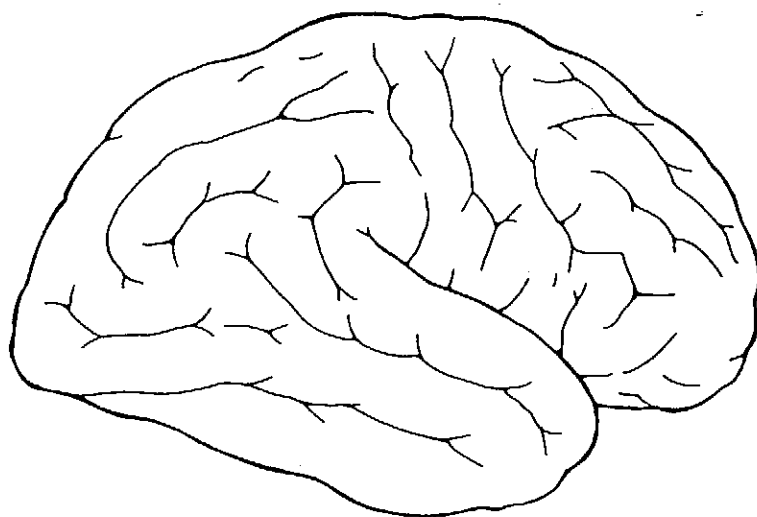
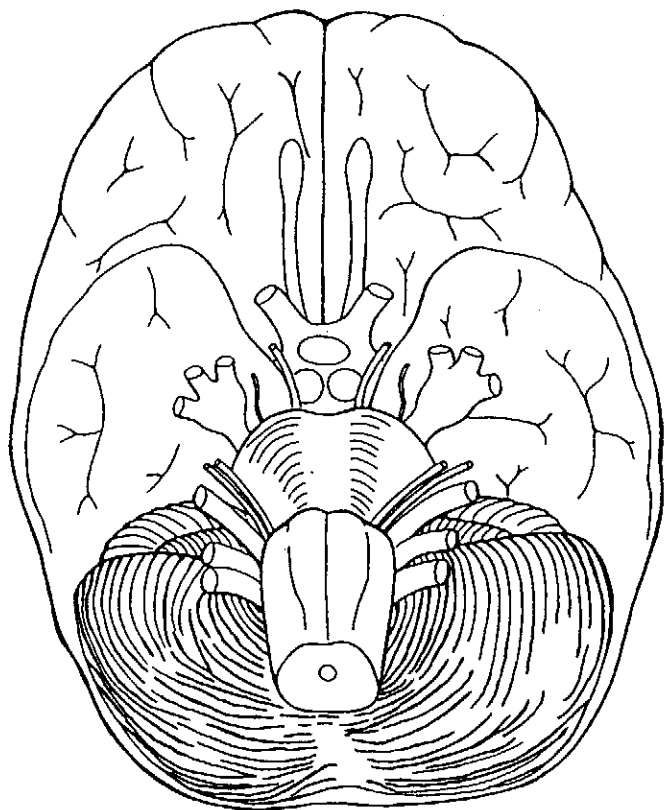
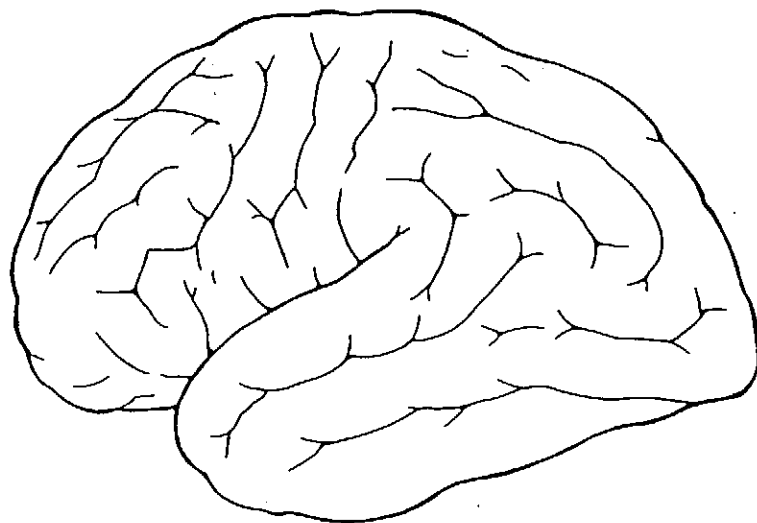
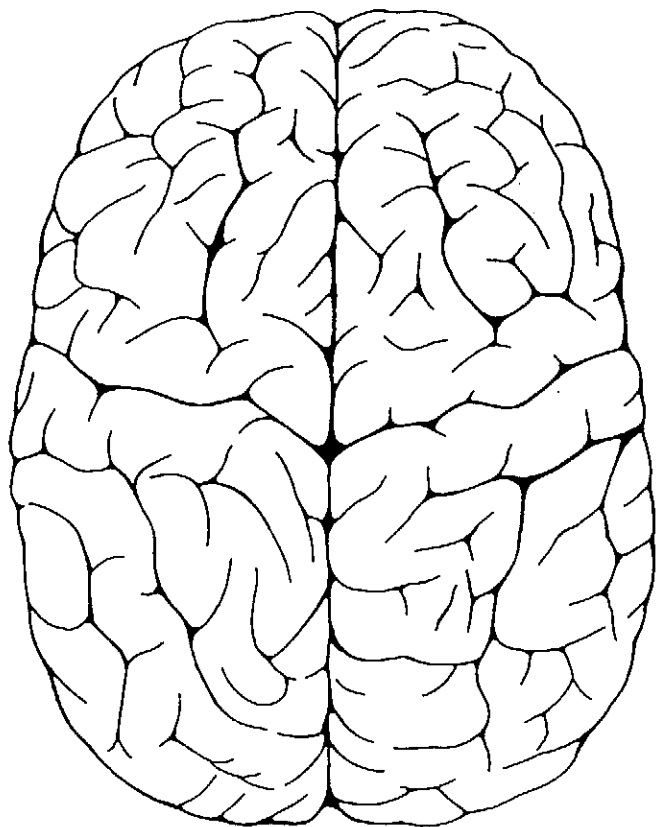
Approx. Weight _____ lbs.

Name _____

Examined by _____ Date _____

Brain, superior, inferior, and lateral views.

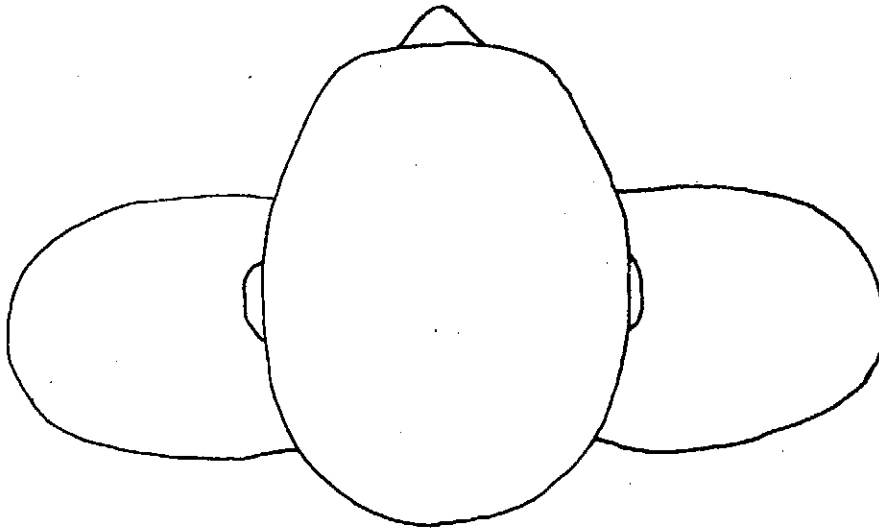
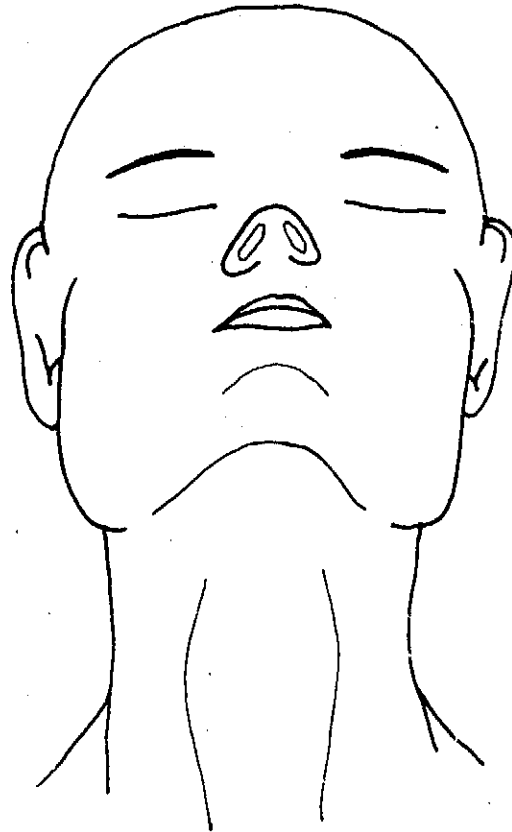
Autopsy No. _____



Name _____ Examined by _____

Age _____ Race _____ Sex _____ Date _____

BODY DIAGRAM
NECK & SHOULDERS



Decedent's Height _____ inches

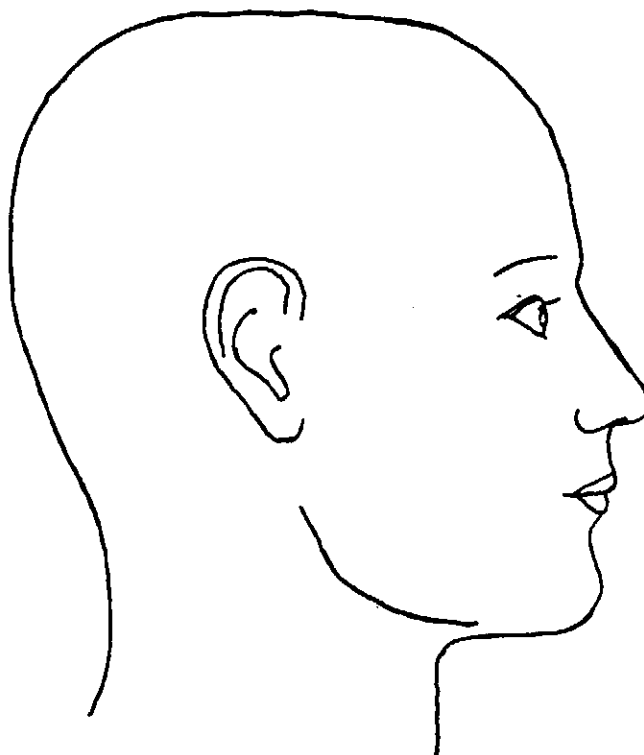
Approx. Weight _____ lbs.

Name _____

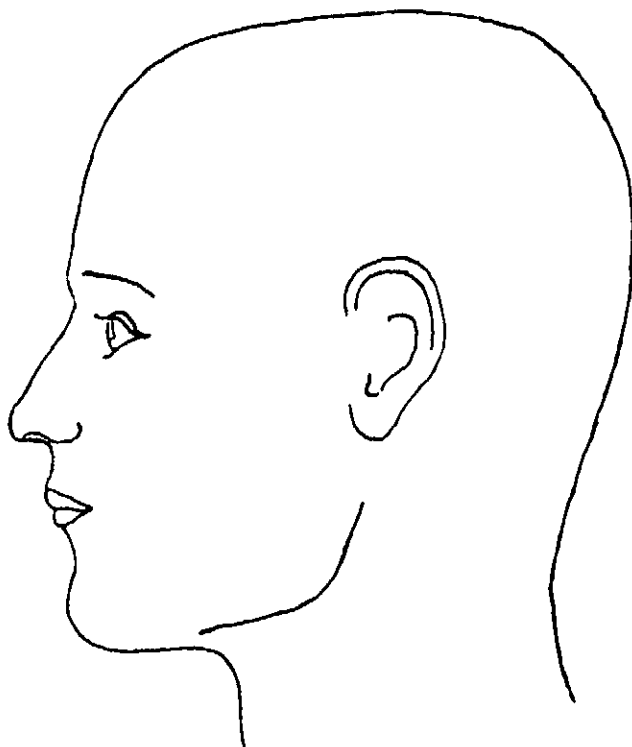
Examined By _____ Date _____

BODY DIAGRAM-HEAD

RIGHT



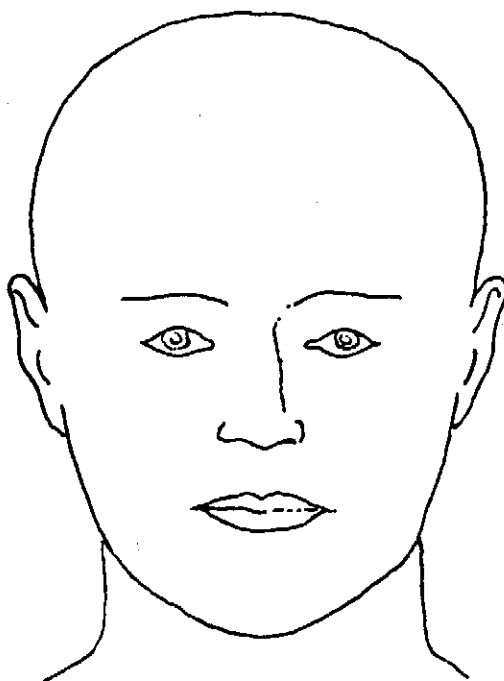
LEFT



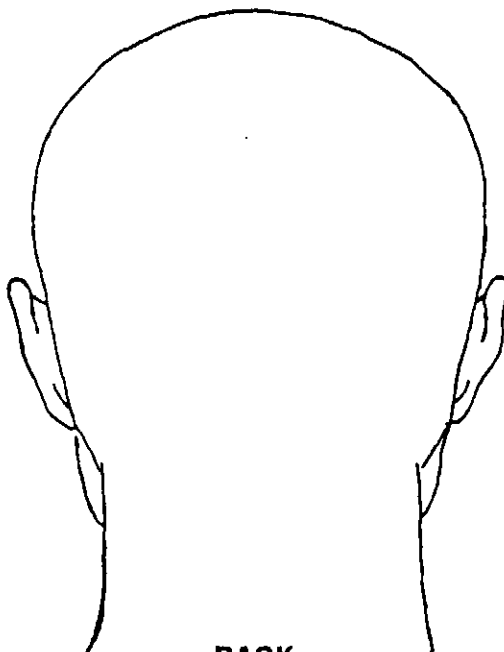
Name _____

Examined By _____ Date _____

BODY DIAGRAM-HEAD



FRONT



BACK

Name_____

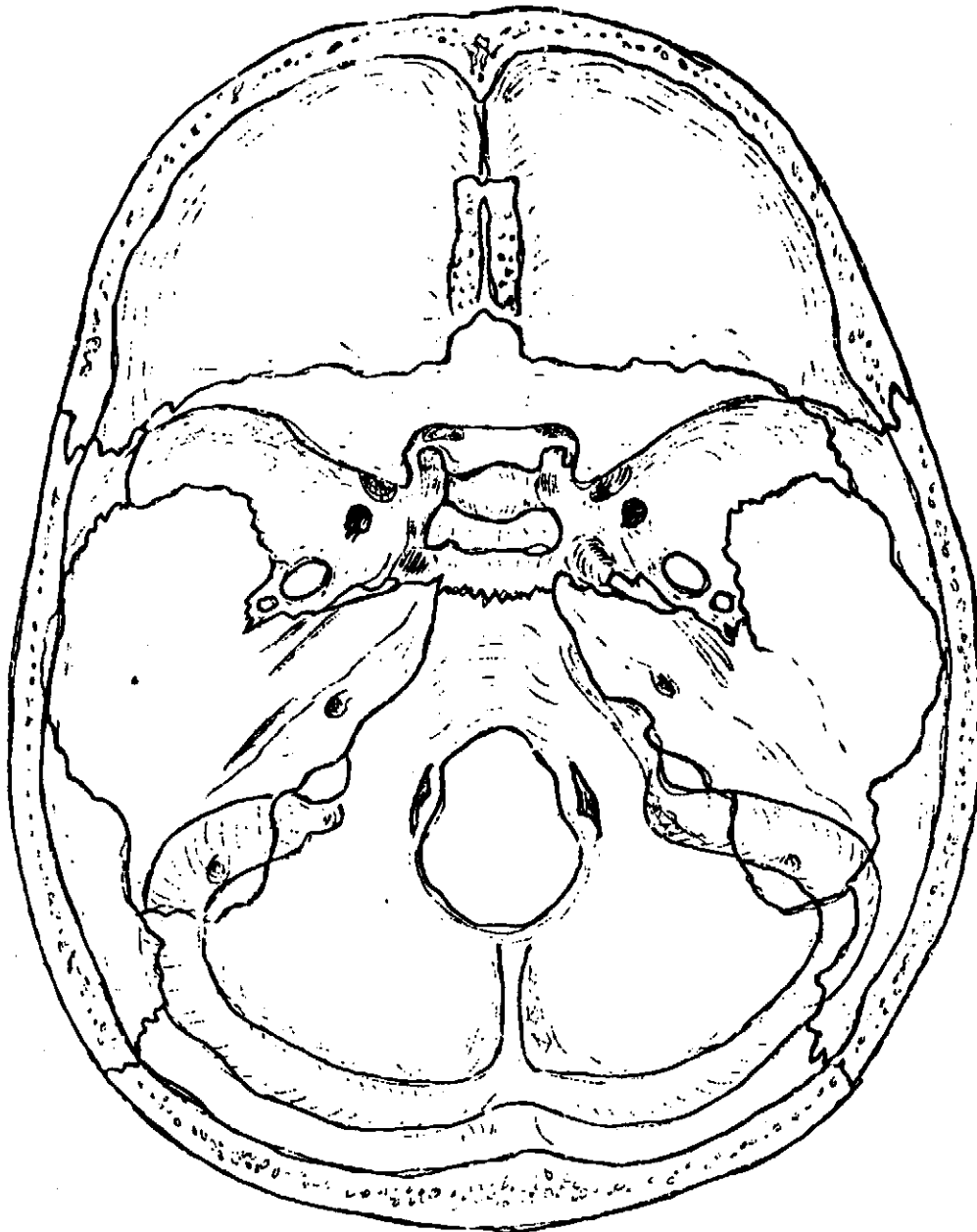
Examined By_____ Date_____

FLOOR OF CRANIUM

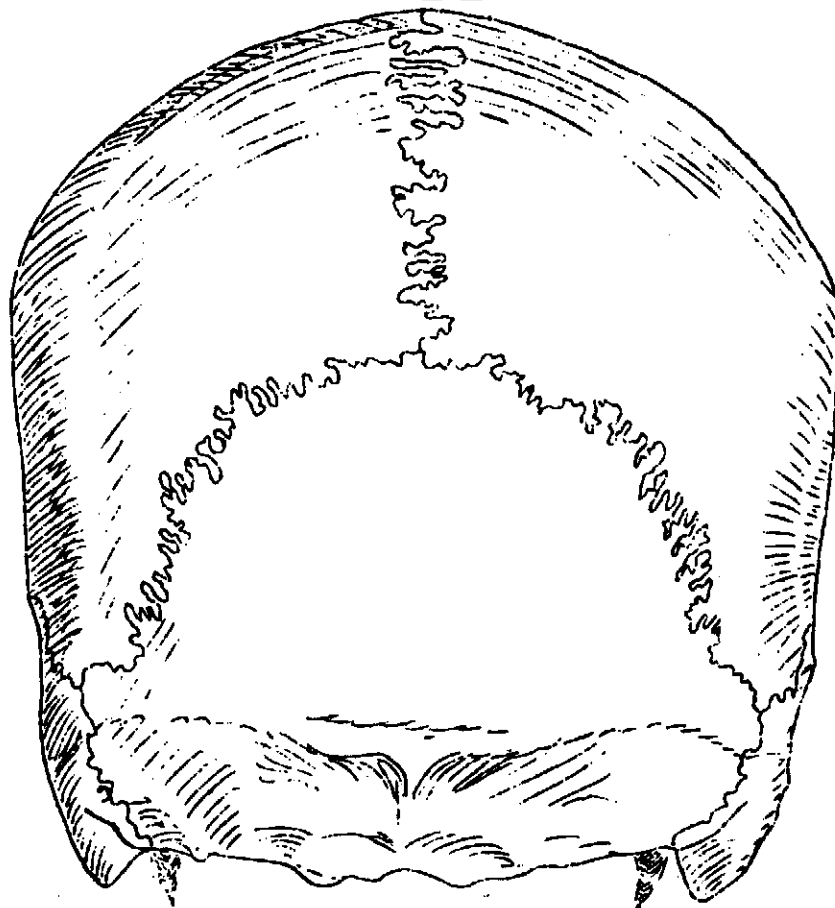
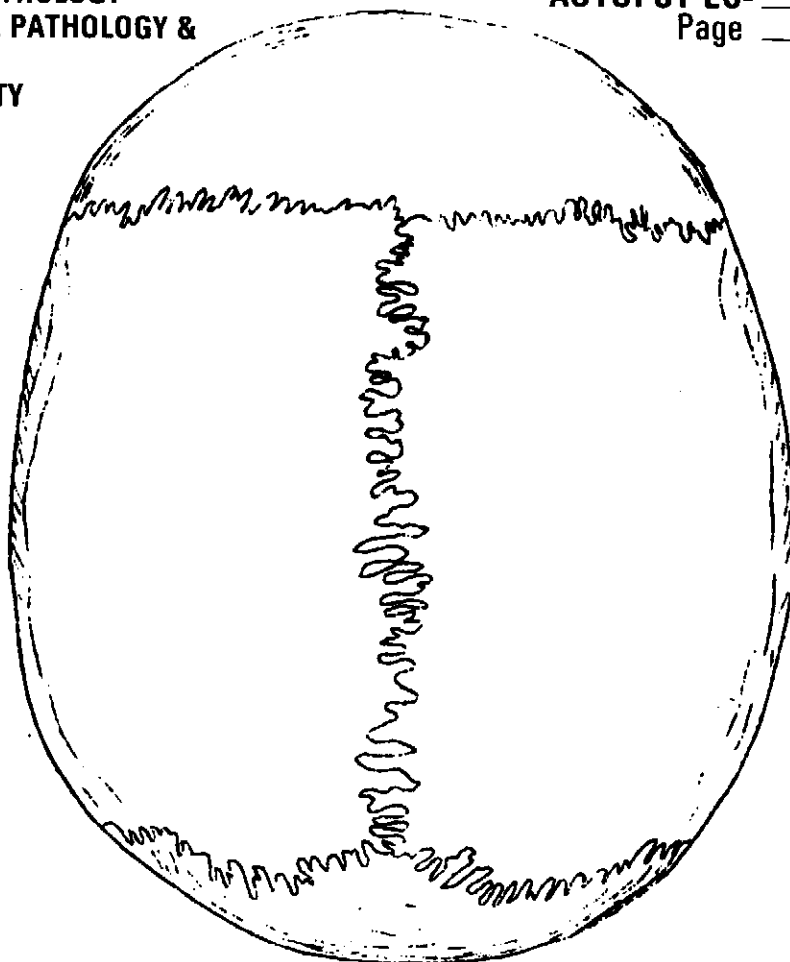
FRONT

LEFT

RIGHT

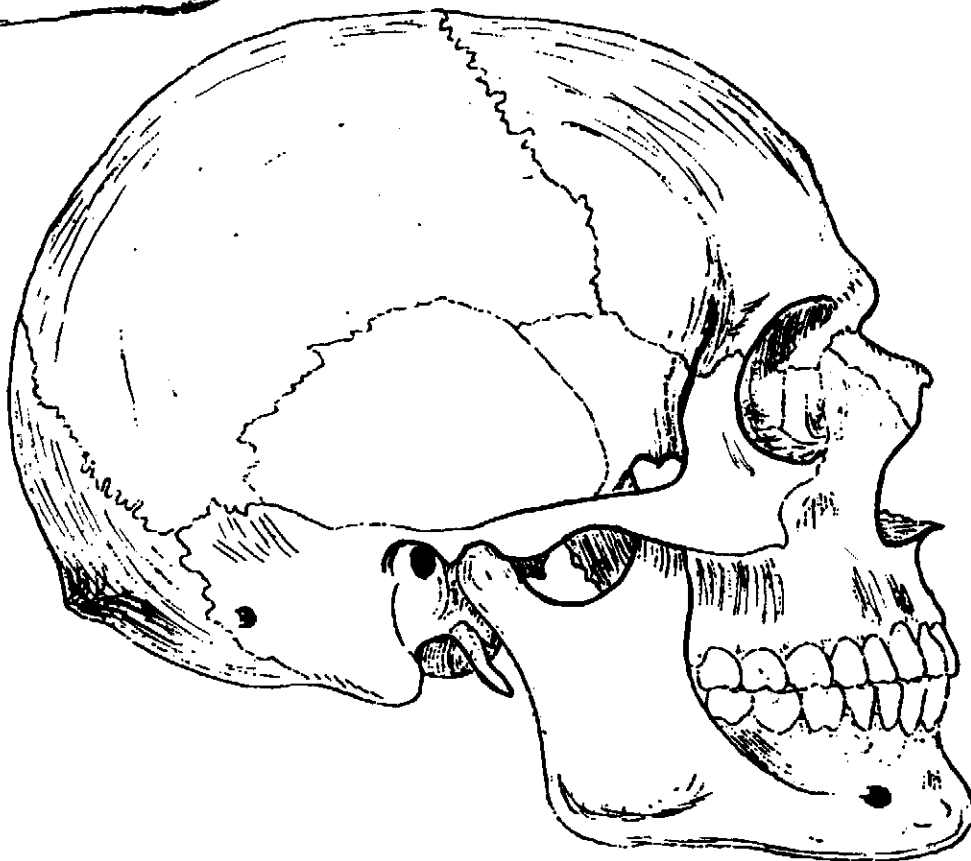
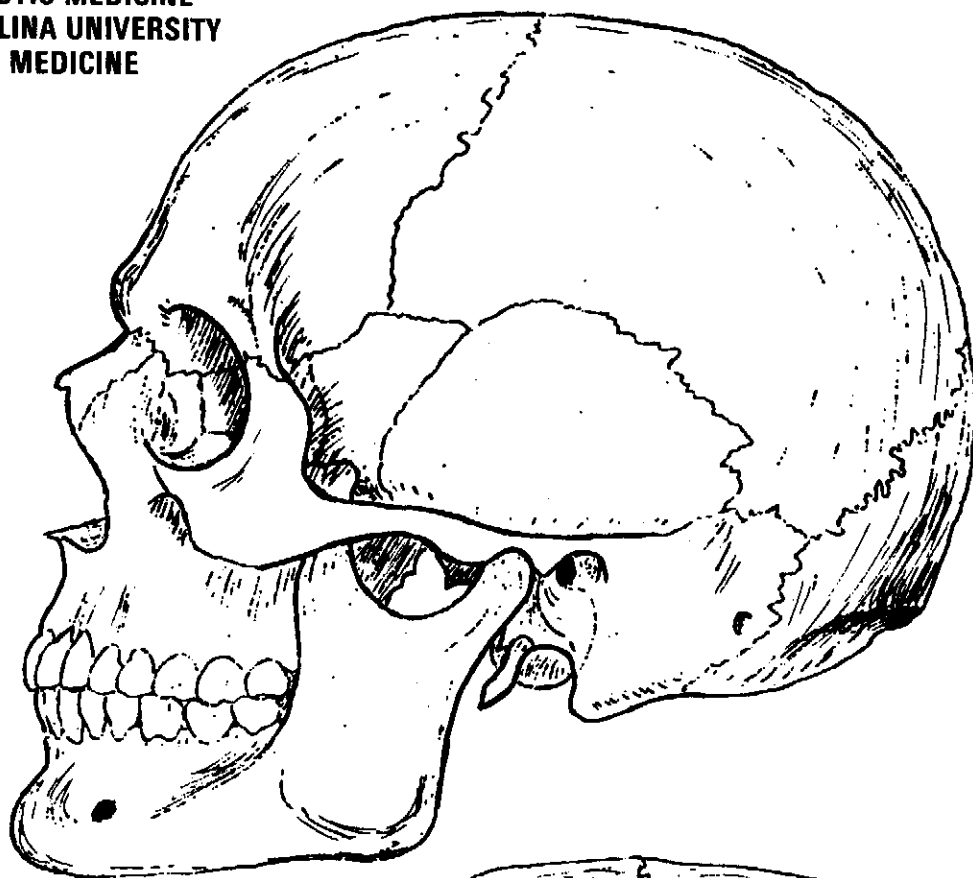


BACK



Name _____

Examined By _____ Date _____



Name _____

Examined By _____ Date _____